BENEFICIARY DESIGNATION FORM

PLAN NAME			D	IVISION NO	PI	AN NO
City of Tempe				N/A	984	443-01
PARTICIPANT INFORM	IATION					
	/		/			
Last Name	Firs	t Name	MI	Employee Number	Social S	ecurity Number
Ade	dress - Street & Number	er		Married Unmarried		
	/	/		Marital Status	Ac	count Extension
City	State	Zip Co				(If Applicable)
LEASE TYPE OR PRINT	BENEFICIARY D	ESIGNATION	V – Please rea	ad reverse side before co	npleting this	form.
	<u>I</u>	PRIMARY I	BENEFICI ACH ADDIT	ARY IONAL SHEET IF NECE	SSARY.	Date of Birth
	CO	NTINGENT	r peneei	CIADV		
ONTINGENT BENEFICIA					ECESSARY.	
	cial Security Number	Contingent B			ionship	Date of Birth
		-				
LEASE NOTE: If any information information in the signated beneficiaries predecolument.	0.		•	1 1	•	
REQUIRED SIGNATURI	ES					
				,		
Signature of	Darticinant			Date	<u></u>	
Signature of I certify that to the e	extent spousal consent	is required und	er the Plan.			
y		1	,	**		
Signature of Plan Administrator						
Signature of Plan	Administrator			Date		